



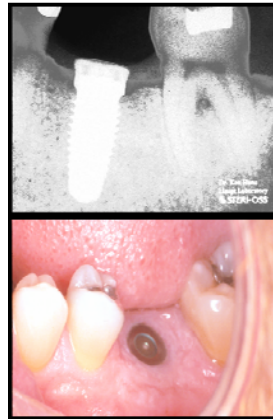
CTMAX QUARTERLY

VOLUME 1, ISSUE 1 NEWSLETTER DATE

IMPLANT UPDATES—IMMEDIATE FUNCTION

As implant dentistry technology advances, and successful results become the expectation, rather than exception those of us at Connecticut Maxillofacial Surgery (CMS) continue to strive to stay on the cutting edge. From two-stage to one stage, from 6 months to 8 weeks, from delayed placement to immediate placement, immediate function is the next natural progression of implant research and development. As with any new technology it is important to do your homework. Immediate function and implant dentistry is no different...*you've got to know the rules*. The rules of immediate function include: **high initial implant stability** (tightening torque of 35-50Ncm); **controlled loads** (identification and removal of cantilevers, lateral occlusal contacts, and parafunctional habits,... our preference is reduced occlusal contact during the first 2-3 months after implant placement...Splinted implants are preferred in the temporary phase and implant position (tripoding) and numbers influence load distribution); **osseointegrative implant surface** (the Ti-unite surface is preferred by us @ CMS which is

supported in literature, and more importantly in every day patient to patient clinical experience) lastly in fresh extraction sites, **avoidance of infected tissue at the site** (this may seem obvious, yet we all still see the patients and hear the stories). As with any other procedure reproducibility and reliability is what your patients deserve. Careful patient selection, and good surgical and restorative techniques are paramount to the use of immediate function. In our experience if these tenets are held to, the final result with regards to esthetic considerations and patient satisfaction are unparalleled in modern implant dentistry.



Placing an implant is the only way to preserve bone and healthy tooth structure

ON THE HORIZONS...

NOBEL DIRECT 3.0

Biologic one-piece implant encompasses the osseous component and restorative component in one piece. This design is based on the one-stage placement concept and offers a number of possible advantages. NobelDirect 3.0 is the first FDA cleared implant on the market

with a diameter of 3.0mm. For the first time the mandibular central and lateral incisors or maxillary lateral incisors can be restored with an excellent outcome. The diameter of two-piece implants is limited due to the lesser strength of the hollow implant body and the screwjoint. The one-piece design overcomes this limita-

tion and allows us to offer a special small diameter implant.



SPECIAL POINTS OF INTEREST:

- *What's new with Immediate Implants*
- *Ridge preservation...*
- *Pediatric surgery in the office setting*
- *Current regimens of anti-coagulation therapy and guidelines for office management: PART I—COUMADIN THERAPY*

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SOFT TISSUE SURGERY: PITFALLS AND PEARLS



Success in implant dentistry involves four areas: (1) preimplant augmentative surgery, (2) precision implant placement, (3) peri-implant soft tissue management, and (4) quality of the prosthetic restoration. The most challenging situation is in the anterior maxilla, where a malposition of less than 1 mm or 10degrees can jeopardize overall treatment outcome. Augmentation of soft tissue is sometimes necessary to predict the final esthetic outcome of the treatment. (eg. obtaining soft

tissue to recreate the papillae) Depending on the loss of the alveolar ridge, the quality and quantity of available soft tissue, and the need for future ridge augmentation, soft tissue augmentation procedures can be performed before, after, or together with hard tissue augmentation and also at stage I or stage II surgery. Optimal handling of soft tissues starts by an adequate implant positioning. Enough space between implants is needed to allow interdental papilla reconstruction.

When implants are too close, there will be an insufficient blood supply to preserve papillae. When the space is too wide, there will not be enough support to interimplant soft tissues. These tissues will collapse over time. Embrasure spaces and contact location play a crucial role in the maintenance of soft tissue and papillae. The angulation particularly, labiopalatal dimension is another detail affecting bone contour and subsequent soft tissue detail.

PEDIATRIC SURGERY IN THE OFFICE SETTING

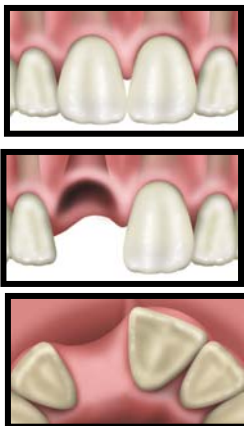
“LONG BEFORE PATIENTS CARE HOW MUCH YOU KNOW, THEY WANT TO KNOW HOW MUCH YOU CARE.”

Treatment of patients of all ages is a very rewarding part of a busy surgical practice. The opportunity to treat children and often times be their first exposure to surgery of any kind is a role we at CMS take with great pride and responsibility. Children are often the most rewarding part of a busy practice day and the chance to get these little ones (and their parents), through

an otherwise anxiety provoking situation, pain-free is an absolute must. Providing a quiet child friendly atmosphere, with minimum waiting periods is important. Television with VHS/DVD capabilities in the treatment/consultation rooms is a big hit. Paramount to managing these children is the use of conscious sedation, at a minimum nitrous oxide is always used in surgery of the

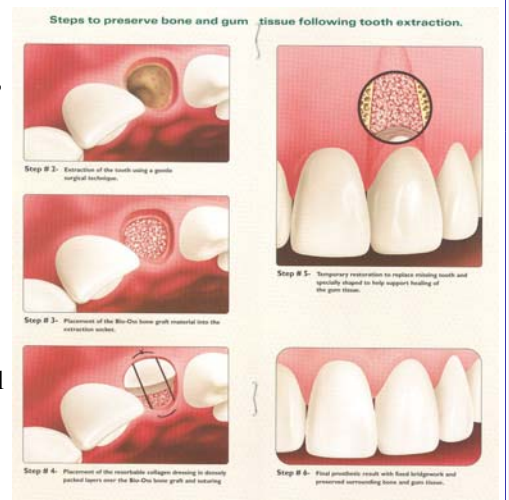
pediatric patient. Depending on patient maturity and/or cooperation oral or intravenous agents are added as needed. Care of the pediatric patient as with any sedation patient requires appropriate pre-, intra-, and postoperative monitoring and an understanding of the skills and equipment necessary to safely manage these surgical patients.

RIDGE PRESERVATION ...FACT V. FICTION



Procedures to repair and grow new bone, unheard of just a few years ago, are now a routine part of dental surgical care. Tooth extraction is one of the most common dental procedures. Healing of the resulting socket normally occurs uneventfully. However, even with completely normal healing resorption of the surrounding bone

occurs. As the bone resorbs, so goes soft tissue. Resulting in a unpredictable height and width of the former alveolar ridge. As the technology of bone grafting has improved the maintenance of the ridge and predictability of subsequent implantation and preservation of ideal soft tissue contours has become the standard of care.

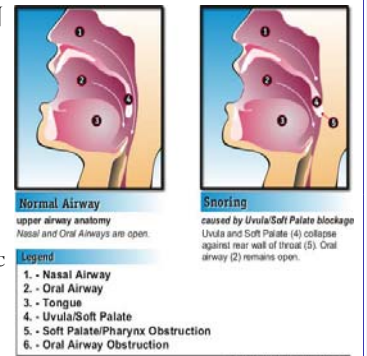


IS SNORING MERELY A NUISANCE OR A REAL HEALTH CONCERN

Obstructive sleep apnea is a significant medical problem affecting greater than 5% of middle-aged adults. The most common complaints are loud snoring, disrupted sleep and excessive daytime sleepiness. Patients with apnea suffer from fragmented sleep and may develop cardiovascular abnormalities because of the repetitive cycles of snoring, airway collapse and arousal. Although most patients are overweight and have a thick neck, some are of normal weight but have a small, receding jaw. Because many patients are not aware of their heavy snoring and

nocturnal arousal, obstructive sleep apnea may remain undiagnosed; therefore, it is a helpful to question the bedroom partner of a patient with chronic sleepiness and fatigue. Polysomnography in a sleep laboratory is the gold standard for confirming the diagnosis of obstructive sleep apnea; however, the test is expensive and not widely available. Treatments are directed towards specific location of obstruction and may include: weight loss, CPAP, dental appliances, and nasal, upper airway, or jaw surgical procedures. Maxillomandibular advancement with genioid ad-

vancement has become widely utilized with statistically significant improvements over other surgical procedures, often avoiding permanent tracheostomy. Those involved in treating snoring or OSA must realize the significant systemic comorbidities associated with this pathology. We at CMS agree with and participate in a team approach to the management of these patients, with pulmonologists, cardiologists, dentists, and qualified surgical specialists. The opportunity and responsibility of the dental community is significant in the diagnosis, referral, and management of these patients.



MEDICAL UPDATE: COUMADIN THERAPY

Current regimens and guidelines of office management in those patients on anticoagulation therapy are constantly evolving. Currently the best way to follow appropriate level of coumadin therapy is with the INR (international normalized ratio) which allows PT (prothrombin time) to be compared from lab to lab without confusion of normal ranges. Frequently, patients are taken off coumadin for 3 days prior to a surgical procedure to allow normalization of their coagulation ability. Some indications for coumadin, such as mechanical heart valves, do not allow patients to be taken off their anticoagulation. Most patients on coumadin therapy can be safely treated in the dental office for all routine dental care, without any adjustments in current therapy. If available a current INR or better yet the last few values, to establish consistent values are helpful. Caution is taken in patients with INRs > 3, who must undergo extractions and/or IA blocks. As usual a medical consult to establish reason for anticoagulation, and any recommendations to therapeutic regimen should be obtained

Dental Tx	INR < 1.5	INR 1.5-2.0	INR 2-<2.5	INR 2.5-3	INR >3-3.5	INR >3.5
Exam models rays	Green	Green	Green	Green	Green	Red
Simple rest prophy	Green	Green	Green	Green	Green	Red
Cmplx Rest SC/RP RCT	Green	Green	Green	Yellow	Yellow	Red
Exos Ging Sx	Green	Green	Green	Yellow	Yellow	Red
Multi Exo Impactions	Green	Green	Yellow	Yellow	Yellow	Red
Perio Sx implant	Green	Yellow	Yellow	Red	Red	Red
Full Mouth exo	Yellow	Yellow	Red	Red	Red	Red
Multi bony impactions	Yellow	Red	Red	Red	Red	Red
Ex reduction Orthognathic	Red	Red	Red	Red	Red	Red

Green = safe

Yellow = probably safe (local measures)

Red = not advised at current INR



291 Farmington Ave
Farmington, CT 06032
860-678-7528
860-678-7933 fax

1080 Day Hill Road
Windsor, CT 06095
860-285-0889
860-298-9030 fax

507 Hopmeadow St
Simsbury, CT 06070
860-658-0446
860-651-1034 fax

20 Pine St
Plainville, CT 06062
860-793-9228
860-793-2999 fax

415 Silas Deane Hwy
Wethersfield, CT 06109
860-529-5394
860-721-1033 fax

663 East Main St
Torrington, CT 06790
860-496-6036
860-496-6039 fax

Toll Free: 1-888-297-8880

VIST US ON THE WEB
WWW.CMSLLC.COM

Mission:

The Center for Reconstructive Jaw Surgery and those of us at Connecticut Maxillofacial Surgeons, LLC, are dedicated to the highest quality of care in the specialty of Oral and Maxillofacial Surgery. We take pride in providing contemporary clinical care in a full scope of the specialty as well as serving in a leadership capacity for the future of our specialty on both a local and national level. CMS, LLC can truly be described as a unique group of service-oriented professionals whose aim is to provide the highest level of patient care in combination with a maximum of comfort, sensitivity, and compassion for each and every individual.

Through our presence as the Center for Reconstructive Jaw Surgery, we hope to move beyond the realm of merely providing clinical care and further close the information gap between us and our patients. The intent, however, is not only to fulfill a local endeavor. Through a depth of experience and resources that we possess as a group, we will provide comprehensive consultation services to professionals as well as patients who may be seeking a more point specific or personalized data base on questions pertaining to oral and maxillofacial surgery.

Oral and Maxillofacial Surgery is a medical and dental specialty of surgery which involves the diagnosis, surgery and adjunctive treatment of diseases and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region. (American Dental Association) More simply put in layman's terms, the oral and maxillofacial surgeon is the orthopedic surgeon of the facial region. He or she is an individual who addresses problems ranging from the removal of impacted teeth to the repair of facial trauma. He or she may be a doctor you would visit to:

- Have a [tooth extraction](#).
- Have teeth replaced by having [dental implants](#) inserted.
- Have oral surgical procedures performed in the office under outpatient [ambulatory anesthesia](#).
- Have a [jaw cyst or tumor](#) diagnosed, removed and reconstructed.
- Have your jaw aligned with [orthognathic surgery](#).
- Have you jaw joint repaired with [TMJ surgery](#).
- Have [jaw reconstruction](#) following cancer surgery.
- Have your facial bones realigned after [facial trauma](#).
- Have a consultation to determine whether you are a candidate for [aesthetic surgery](#)

MEET THE STAFF: THE FARMINGTON OFFICE

Farmington The Farmington Office can be found on Farmington Ave. where it is centered at the hub of a rapidly developing corporate community and associated medical complex. Located in the beautiful New England, Town of Farmington, it is easily accessible from nearly every corner of Hartford County via I-84. Our building, known as the *Dental Associates Building*, is located at the base of the entrance to the University of Connecticut Health Center at 291 Farmington Ave. (Route 4). Shopping is conveniently available across the street at The Exchange. Farmington is currently the Corporate Headquarters for Connecticut Maxillofacial Surgeons, L.L.C.

Feel free to call us in Farmington at **860.678.7528**.



Terry — Secretary



Michele — Surgical coordinator



Sonja — Asst Insurance manager



Joan — Insurance manager



Melody — Surgical assistant



Jeannine — Surgical assistant